

Northshore Disaster Recovery
Louisiana Conference
Disaster Recovery Ministries
360 Robert Blvd.; Asbury Building; Slidell, LA 70458
985-781-7990
Fax 985-645-9074
umcorslidell@bellsouth.net

A COVENANT FOR SUCCESS

We are privileged to have the opportunity to serve our great God by being volunteers in mission. Our primary purpose as volunteers is to radiate the love of Jesus Christ. We are to invest ourselves in the mission and honor God in all we do.

We will need to be flexible, adaptable, sensitive, and patient. There will be times when we may want to hurry and get things done but delays happen. We will make the best of the quiet time to rest and get acquainted.

Cooperation is the key. We will need to cooperate with many, varied persons and conditions... Smile, a happy, positive attitude will go a long way, especially on hot muggy days.

On-Site Guidelines:

No alcohol, drugs, or other illegal substances.

Refer to leader any changes, suggestions, or concerns.

Work to acceptable standards. Do the best you can-if not better!!!!

Ask questions if you don't know how or what to do next. Remember there is no such thing as a dumb question.

Don't assume you know the entire building plan. Ask before you start a new project.

Wear modest clothing—shoulders covered and loose fitting shorts that are long enough—no shorts or blue jeans for worship services—sensible, safe shoes.

Use sunscreen lotion or oil for outside work or play.

Foul or undesirable language is not permitted.

Keep workspace and living space neat and clean.

Don't criticize, gossip, or start rumors.

BE CAREFUL WHEN OUT AND ABOUT IN THE EVENING... USE THE BUDDY OR TRIAD SYSTEM.

HAVE FUN AND SPREAD THE WORD.

VOLUNTEER INFORMATION

What You Need to Bring

Old work clothing (long pants)
Long sleeved shirts / blouses
Cotton and plastic work gloves
Disposable face masks
Safety goggles (may be a team item)
Personal hygiene items
Towels and washcloths
Heavy work shoes / boots

Sleeping bag / air mattress or pad / pillow
Water bottle / jug / cooler
Changes of clothing for after work
First aid supplies (Band-Aids, disinfectant)
Medical releases
Use of equipment releases
Name tags durable enough for the work site
Insect Repellant
Gel Sanitizer

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PARTICIPANT LIABILITY RELEASE FORM

Please read before signing, as this constitutes the agreement as a volunteer and the understanding of your working relationship as a volunteer Northshore Disaster Recovery , Louisiana Annual Conference

I, _____ acknowledge and state the following:

I have chosen to travel to perform clean-up/construction work designed to repair disaster damage.

I understand that this work entails a risk of physical injury and often involves hard physical labor, heavy lifting and other strenuous activity; and that some activities may take place on ladders and building framing other than ground level. I certify that I am in good health and physically able to perform this type of work.

I understand that I am engaging in this project at my own risk. I understand that this is a "grass roots" activity to support individuals adversely affected by 2005 Hurricane/flood disaster. I assume all risk and responsibility for any damage or injury to my property or any personal injury, which I may sustain while involved in this project, and related medical costs and expenses.

In the event that my supervising disaster organization arranges accommodations, I understand that they are not responsible or liable for my personal effects and property and that they will not provide lock up or security for any items. I will hold them harmless in the event of theft or for loss resulting from any source or cause. I further understand that I am to abide by whatever rules and regulations may be in effect for the accommodations at that time.

By my signature, for myself, my estate and my heirs, I release, discharge, indemnify and forever hold Northshore Disaster Recovery, Inc. and Louisiana Annual Conference UMC, together with their officers, agents, servants and employees, harmless from any and all causes of action arising from my participation in this project, and travel or lodging associated therewith, including any damages which may be caused by their negligence.

SIGNATURE _____ **DATE** _____

DATES of WORK TEAM or DATES COVERED by THIS LIABILITY FORM _____

STREET ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

***INSURANCE CARRIER NAME** _____ ***POLICY NUMBER** _____

EMERGENCY CONTACT NAME AND PHONE _____

***Required info**

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INDIVIDUAL SKILLS SURVEY SHEET

Team Leader _____
 Name of Sponsoring Church or Group _____
 Work Week _____
 Name _____ Adult _____ Youth _____
 Address _____
 City _____ State _____ Zip _____
 Phone (Home) _____ Phone (Work) _____
 Email Address _____

Please use the terms below to describe your area and level of skill. Each person should fill out this form. The team leader should then return the forms to the above address two months prior to the team's arrival. The more we know about your team, the more effectively your talents can be used in the rebuilding effort. (Ex. Painter – B)

Construction Skill Areas

General Contractor (Specify) _____
 Window installer _____
 Door installer _____
 Electrician _____
 Engineer _____
 Painter _____
 Roofer _____
 Plumber _____
 Drywall (hanging, finishing) _____
 Carpenter (interior, framing, exterior) _____
 Mason (tile setter, block layer, plasterer) _____
 Heating/Air Conditioning _____
 Insulation _____
 Kitchen Cabinets _____
 General Helper _____
 Other – Be Specific _____

Construction Skill Levels

- A - Willing Helper
- B - Do-It-Yourself
- C - Extensive handy person, no trade experience
- D - Worked trade previously
- E - Working trade currently as helper, apprentice, journey
- F - Licensed

HUMAN SERVICE SKILL LEVELS

Counseling _____
 Crisis intervention _____
 Casework _____
 Program Planning _____
 Youth Work _____
 Elderly Outreach _____
 Other – Be Specific _____

HUMAN SERVICE SKILL AREAS

- A. - Willing Helper
- B. - Volunteer
 - Training _____
 - Experience _____
 - In what areas _____
- C. - Professional
 - Training _____
 - Education _____
 - Employment _____

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MEDICAL INFORMATION FOR INDIVIDUAL VOLUNTEERS
(Every Volunteer Needs to Fill Out This Form)

**Please complete the following and give to mission leader. MISSION TEAM LEADER SHOULD
RETAIN THIS FORM ON SITE TO USE IN CASE OF EMERGENCY.**

Name _____

1. Blood type _____ Date of Birth _____

2. Information about any prescriptions I use:

3. I am allergic to: _____

4. Name of contact person _____
a. Street Address _____
b. City _____ State _____ Zip _____
c. Phone (work) _____ (Home) _____
d. Relationship to volunteer _____

5. My health insurance company is _____
a. Policy number _____

6. Physical limitations or concerns:

7. I am diabetic: Yes _____ No _____

8. I have a history of seizures: Yes _____ No _____

9. Please provide other helpful health information:

10. I consider myself healthy enough to fulfill my responsibilities on the mission team. Yes _____ No _____

Signature of Volunteer

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LIABILITY RELEASE FORM FOR YOUTH GROUP LEADERS

Please read before signing, as this constitutes the agreement as a volunteer and the understanding of your working relationship as a volunteer with Northshore Disaster Recovery, Inc. and The United Methodist Church Louisiana Conference Disaster Response.

I, _____ acknowledge and state the following:

I have chosen to travel to perform clean-up/construction work designed to repair disaster damage.

I understand that this work entails a risk of physical injury and often involves hard physical labor, heavy lifting and other strenuous activity; and that some activities may take place on ladders and building framing other than ground level. I certify that I am in good health and physically able to perform this type of work.

I understand that I am engaging in this project at my own risk. I understand that this is a "grass roots" activity to support individuals adversely affected by 1999 Hurricane/flood disaster. I assume all risk and responsibility for any damage or injury to my property or any personal injury which I may sustain while involved in this project, and related medical costs and expenses.

In the event of minors in my group, I certify that I have the appropriate parental release forms necessary to allow me to act in their behalf and, by my signature on the agreement, I certify that those in my care will be bound by the same terms and conditions. I understand that it is my responsibility and not of the supervising disaster agency to verify these items.

In the event that my supervising disaster organization arranges accommodations, I understand that they are not responsible or liable for my personal effects and property and that they will not provide lock up or security for any items. I will hold them harmless in the event of theft or for loss resulting from any source or cause. I further understand that I am to abide by whatever rules and regulations may be in effect for the accommodations at that time.

By my signature, for myself, my estate and my heirs, I release, discharge, indemnify and forever hold The United Methodist Church Louisiana Conference Disaster Response, together with their officers, agents, servants and employees, harmless from any and all causes of action arising from my participation in this project, and travel or lodging associated therewith, including any damages which may be caused by their negligence.

Signature _____ Date _____

Address _____

Person to contact in case of emergency _____

Phone _____ Witness _____

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MEDICAL RELEASE FORM FOR MINORS

Participant Information

Date/Destination of Trip _____

Team Leader _____

Minor's Name _____ Date of Birth _____

Emergency Name and Phone number to Notify _____

Insurance Carrier _____ Policy Number _____

Allergies and Medications _____

Describe Medical Conditions/Limitations _____

Signature of Minor _____ Date _____ Name of Guardian on Trip (need picture ID) _____

PARENT OR GUARDIAN AUTHORIZATION

I, _____, authorize _____
(Parent or Guardian) (Guardian on Trip)

to consent to any necessary examination, anesthetic, medical diagnosis, surgery, or treatment and/or hospital care rendered to the minor under the general supervision and on the advice of any physician or surgeon licensed to practice medicine by the state in which they practice, during the duration of the trip identified above.

(Signature of Parent or Guardian) _____ Date _____

NOTARIZATION OF PARENT OR GUARDIAN AUTHORIZATION

On this _____ (day) of _____, Year _____. Before me personally appeared _____ to me known to be the same person described in and who executed the within instrument, and who acknowledged the free act and deed thereof.

Notary of Public
State of _____ County of _____

My commission expires _____

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Please fill out this Evaluation Form the last evening of your workweek and give it to the Regional Coordinator.

EVALUATION

Name of TEAM LEADER _____

Name of ORGANIZATION _____

Regional Recovery Area Served _____ Dates Served _____

1. What motivated you or your team to become involved with this project?
2. Were your objectives for this mission met?
3. How was your reception when you arrived to work?
4. Did you have adequate advance information about the project?
5. Did you get an adequate orientation to your work site?
6. Did you complete today's /the week's task? Y_____ N_____
7. If NO, what is left?
8. Was special equipment available if needed? If no, what was needed?
9. Did you have any problems? Y_____ N_____
10. If YES, what were they and how can we improve on the situation?
11. Did you have adequate housing? Y_____ N_____
12. What could we do to improve your team's or another team's experience with us?
13. Please comment on the following:
 - A. Debriefing:
 - B. The most important part of the week was:
 - C. Additional comments which you believe will be helpful to us:

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CHECKLIST TWO WEEKS BEFORE DEPARTURE

- _____ 1. Have you collected the Liability Release Forms and Proof of insurance to be given to the administrative assistant at the station?
- _____ 2. Has each team member read the Covenant?
- _____ 3. Have you filled out the Medical Information Sheet to bring with you?
- _____ 4. Do you have Medical Releases for Minors to bring?
- _____ 5. Have you mailed the skills survey sheets to the Disaster Recovery office?
- _____ 6. Do team members have adequate clothing and tools?
- _____ 7. With youth (minimum age 14 years), do you have enough adults (Youth ages 14-16- 3:1 adult ratio; ages 16-18, 4:1 ratio Chaperone is at least 21 years old)?
- _____ 8. Do you have a water jug and a first aid kit for each vehicle?
- _____ 9. Does someone at home know the emergency telephone number?
- _____ 10. Do you know how to get to your place of lodging?
- _____ 11. What is your time of arrival? Do you know whom to telephone about one/half hour ahead of arrival?
- _____ 12. Do you have adequate money for your trip—for gas, food, and emergencies?
- _____ 13. Have you made name tags to use on the work site?
- _____ 14. Have you prepared your team to be flexible to changes in work assignments, realizing that not all work is fun?
- _____ 15. If you are being housed in a church, home, mobile home, or other facility don't forget the accommodation fee.
- _____ 16. Are you planning outings for which you need advance tickets? Have you ordered these?
- _____ 17. Are you preparing your team members to have broad expectations for the trip? Will they be a witness to Jesus Christ and recognize the people they meet as Children of God?
- _____ 18. Who is your construction supervisor? Have you planned with him about how the team will be divided for work once the assignments are made?
- _____ 19. Have you asked a team member to be the photographer and another member to be the journalist?
- _____ 20. In regards to meal planning, are any team members' vegetarians or do they have any food allergies?

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PARENTAL CONSENT FORM

I, _____, the parent/guardian of _____ (child)
Give my child, a minor residing at _____ (address), permission to accompany
a Volunteer Work Mission team to Louisiana's devastated areas and participate as a member of the group. I
acknowledge that I am allowing my child to participate entirely upon my own initiative, risk, and responsibility. I have
been advised and understand that the group may be exposed to unusual risks. Those risks may involve, among other
things, the following:

Dangers resulting from disease; from geographic features which may have a deleterious effect on persons with heart
conditions or respiratory diseases; from extreme heat and humidity with no air conditioning available, or from extreme
cold with no central heating. The foregoing is not an exhaustive list of dangers that may arise but is illustrative of some
types of dangers that may be faced.

I further expressly authorize and consent to any e-ray examination, anesthetic, medical or surgical diagnosis or
treatment, and/or hospital care under the general or special supervision, and on the advise of, a licensed physician,
surgeon, anesthesiologist, dentist, or other qualified medical personnel acting under their supervision, for my child,
should the same become necessary because of illness or injury.

Now therefore, in consideration of the permission extended to my child to accompany the mission team and participate
in the mission trip, I do hereby for myself, my child, and my heirs, executors, and administrators, remise, release, and
forever discharge the team leaders(s) _____, Northshore Disaster Recovery, Inc. and the Louisiana
United Methodist Storm Recovery Center, its officers and members, as well as all other participants and sponsors of
said mission trip, acting officially or otherwise, from all claims, demands, actions or causes of action of any kind,
including the death of my child or any injury to my child or loss or damage to property which may occur from any cause
during the trip, as well as all ground and flight travel incident to such trip.

It is my intention by this document to consent to my child's participation in the mission trip, to consent to allow the
team leader(s) _____ to act in loco parentis for the duration of the mission trip, and to waive and
forego all right of action by myself and my child against the parties herein before named.

***Name of Insurance Carrier** _____ ***Policy No.:** _____

Parent/guardian Address

.....
Notarization of Parental Consent Form

STATE OF _____ PARISH OR COUNTY OF _____

On this ___ day of _____, _____ (year), before me personally appeared _____
To me known to be the same person described in and who executed the within instrument, and who acknowledged the
same to be the free act and deed thereof.

Notary Public _____ Parish or County _____

***Required**
State of _____ My Commission Expires _____